

CSW Health & Wellness Summit—Exhibitor Contract

2020 Health & Wellness Info

SET-UP:

Thursday, October 8, 2020 (2:00 p.m.—6:00 p.m.)

Friday, October 9, 2020 (6:00 a.m.—7:00 a.m.)

SHOW DATES:

Friday, Oct. 9, 2020 — Saturday, Oct. 10, 2020

TEAR-DOWN:

Saturday, October 10, 2020 (5:00 p.m.)

BOOTH COST:

\$625 Includes: Pipe & Drape, One (1) 6' OR 8' skirted table, two (2) chairs, wastebasket, two exhibitor passes for entrance into exhibit hall and meals (if pre-registered).* A second booth may be purchased for a discounted rate of \$425 (\$1050 total).

**Electrical outlets available for an additional \$75 each. Additional exhibitor passes may be purchased for an additional \$100.*

Wi-Fi available at no extra charge to exhibitors!

CANCELLATIONS: Cancellations must be made in writing to the CSW prior to September 4, 2020. If cancellation is received after September 4, 2020, the exhibitor is liable for the full payment of the booth.

CONTACT US:

Chiropractic Society of Wisconsin
PO Box 259506
Madison, WI 53725
608.609.6383 | Fax: 608.824.2205
events@chiropracticsocietywi.org
http://chiropracticsocietywi.org/

*This form is meant for those who solely wish to exhibit.
Find the Corporate Sponsor opportunities/form online.*

Company name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Name & Title: _____

Please list the products or services you will exhibit at the show: _____

Please list any companies or products you do not wish to have in close proximity. (This may affect your booth choice.) _____

Will you need electricity in your booth? If yes, how many outlets would be ideal?: _____

Lunches you/your reps are attending (no shows will be charged \$25 per missed meal; pre-registration required): Friday Saturday

Rep 1 Name: _____ Rep 2 Name: _____

Rep 3 Name: _____ Rep 4 Name: _____

(rep 3/4 available to those who purchase two booths or extra passes)

Additional Opportunities:

Please indicate if you would like to do any of the following:

Donate a raffle prize (please list prize): _____

Advertise in Summit Program (please list size): _____

Business Card: \$75.00 | Half-Page: \$150.00 | Full Page: \$250.00

Payment Information:

Amount enclosed: \$ _____ (Your booth is not reserved until full payment has been received.)

Payment method: Check Visa MasterCard

Credit Card #: _____ exp.: _____ cvv: _____

Billing address (if different than above): _____

We, the undersigned agree to abide by all regulations and restrictions on this contract.

Authorized Signature : _____